

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>am G</i>		<i>6-2-99</i>
O.I.P.E. CLASSIFIER		<i>5-9</i>	<i>6-7</i>
FORMALITY REVIEW		<i>7/4/3)</i>	<i>6/1/99</i>

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 (Through numeral)..... Canceled  
 - ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	<i>✓</i>
2	<i>✓</i>
3	<i>✓</i>
4	<i>✓</i>
5	<i>✓</i>
6	<i>✓</i>
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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